

INFORMATION

The Stanford Convalescent Home

IN RESPONSE to inquiries from physicians about the Stanford Convalescent Home the following information has been prepared:

Located near Palo Alto, Calif., on the Stanford University property, the Home is an entirely independent, non-profit institution established to provide convalescent care for children between the ages of four and twelve years. Patients are accepted from any physician, hospital or clinic in the Northern California area on approval of the medical director. The kinds of patients accepted include those with rheumatic fever, allergic disorders, convalescent poliomyelitis, recurrent or chronic respiratory infections, and especially simple malnutrition or debility in children from inadequate homes or who are convalescing from a recent acute illness. Patients with active tuberculosis are not accepted; but tuberculous children with healing of the primary complex and with negative gastric washings who are in need of convalescent care are taken on special approval of the medical director.

The Convalescent Home is supported in part by a number of public and private agencies and benefactors so that the charge per patient is adjusted according to the economic circumstances of the family and other factors. The range is from no charge to the full rate of \$240 per month. Application may be made directly to the medical director, Dr. Harold K. Faber, at Stanford University Hospital, San Francisco, on the regular admission blank provided, or through the medical social worker, Miss Adele Moroney, at the admission office of the Home at 2412 Clay Street, San Francisco, phone WESt 1-7535.

The length of stay varies from a few weeks to many months, depending upon the nature of the illness and the progress of the particular child. Few patients remain longer than a year. Insofar as possible the visiting staff will carry out the treatments recommended by the referring physician. Special diets, including elimination diets for patients with allergic disease, are followed. Physiotherapy is available through the cooperation of the Stanford School of Physiotherapy. X-ray, laboratory work, and consultations in the medical specialties are available through local visiting and attending doctors

and are used freely. Limited dental service is available.

Monthly progress reports to the referring physician keep him informed of the patient's condition while at the Home.

The Convalescent Home is part of the Palo Alto Unified School District so that the child's education can proceed in an uninterrupted fashion. A very active occupational therapy department is under the direction of a full-time therapist. Craftwork and other interesting work is provided for all children and is used as an adjuvant to medical therapy whenever possible. The home has its own Cub pack, Scout troop, Brownie group, etc. Parties and special events are held frequently.

Further information and application blanks may be obtained from the medical social worker at the admitting office of the home, 2412 Clay Street, San Francisco (phone WESt 1-7535), or from the superintendent, Mrs. Ruth Atwood, R.N., at the Stanford Convalescent Home, Stanford, Calif. (phone DAVenport 3-6158). Physicians or others interested in visiting the home are welcome at any time.

Warning Label on Chloromycetin

The Food and Drug Administration of the Federal Security Agency recently announced its decision to permit the continued distribution of the antibiotic drug Chloromycetin under revised labeling that will caution physicians explicitly against its indiscriminate use.

Charles W. Crawford, commissioner of food and drugs, said: "The Administration has weighed the value of the drug against its capabilities for causing harm and has decided that it should continue to be available for careful use by the medical profession in those serious and sometimes fatal diseases in which its use is necessary."

The commissioner said that "FDA's decision was similar in principle to one made every day by thousands of doctors throughout the country who weigh the need for a potent drug against the possibility of harm to the patient."

Reports of blood disorders attributed to Chloromycetin led to a nationwide survey by the FDA late in June of the case records in hospitals and clinics. The case histories turned up by this survey were referred to the National Research Council for its aid in evaluating the information. FDA's decision was based on the findings and recommendations of a special committee of the Research Council's Division of Medical Sciences.

The committee of outstanding authorities on hematology and infectious diseases was headed by Dr. John Holmes Dingle, professor of preventive medicine at Western Reserve University, Cleveland.

The committee considered the records of 410 cases of serious blood disorders, of which 177 were definitely known to have been associated with the use of Chloromycetin.

In 61 cases Chloromycetin was the only drug administered. In the remaining 116 cases other drugs had also been given. In both groups fatalities totaled 50 per cent, attributable to aplastic anemia and related conditions in which the bone marrow has lost its ability to manufacture both red and white cells of the blood.

A group of 168 cases, including 97 cases of aplastic anemia, was eliminated from consideration by the committee because it was determined that Chloromycetin had not been administered. A remaining group of 65 cases in which Chloromycetin may or may not be involved, continues under investigation.

It is estimated that since the drug came on the market in 1949, it has been administered to something like eight million patients.

The report of the special committee addressed to Dr. Irvin Kerlan, acting medical director of the FDA, by Dr. M. C. Winternitz, M.D., chairman of the National Research Council's Division of Medical Sciences, read as follows:

"In your letter of 23 July you requested that the National Research Council appoint a group to review and evaluate the information assembled by the Food and Drug Administration on the incidence of serious blood dyscrasias associated with the use of chloramphenicol.

"An *ad hoc* conference was held on 6 August and reviewed all available data presented by the Food and Drug Administration and by Parke, Davis and Company.

"The consensus of the conference was as follows:

"1. Certain cases of serious blood dyscrasias (aplastic anemia, thrombocytopenic purpura, granulocytopenia, and pancytopenia) have been associated with the administration of chloramphenicol.

"2. Although this complication has thus far been uncommon, it is sufficiently important to warrant a warning on the label of packages of the drug and in advertisements of the drug and the recom-

mendation that chloramphenicol not be used indiscriminately or for minor infections.

"3. When prolonged or intermittent administration is required, adequate blood studies should be carried out.

"4. In view of the paucity of information at the present time the conference hopes that further study of serious reactions to chloramphenicol and other drugs will be promoted. The records of the Veterans Administration and military forces could be of great value in providing some of the desired information."

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Chloromycetin is one of five antibiotic drugs which are certified by the Food and Drug Administration. Testing procedures, packaging and labeling are spelled out in detail in official regulations, and every batch manufactured is double checked in the FDA laboratories in Washington.

Commissioner Crawford said the labeling of Chloromycetin will be changed to include the following warning:

(TO APPEAR AT TOP OF CIRCULAR)

"Certain blood dyscrasias (aplastic anemia, thrombocytopenic purpura, granulocytopenia and pancytopenia) have been associated with the administration of Chloromycetin. It is essential that adequate blood studies be made when prolonged or intermittent administration of this drug is required. Chloromycetin should not be used indiscriminately or for minor infections."

(ON THE LABEL)

"WARNING: Blood dyscrasias may be associated with intermittent or prolonged use. It is essential that adequate blood studies be made."

Dr. Kerlan, who is FDA's ranking medical officer, said that the recent experience with Chloromycetin "is an impressive reminder that highly potent drugs must be treated with extreme care and should not be employed unless there is a clear-cut indication that they are needed." He said there is no way of foreseeing as yet all possible reactions which may develop in patients after a drug becomes widely used.